

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY — DIVISION OF PENSIONS AND BENEFITS  
BENEFICIARY SERVICES  
PO BOX 295  
TRENTON, NJ 08625-0295

**ACTIVE BENEFICIARY VERIFICATION FORM**

**Instructions:** Please complete this form and return to the Beneficiary Services Section at the above address.

**MEMBER INFORMATION**

Name \_\_\_\_\_ SS # \_\_\_\_\_  
County \_\_\_\_\_ Address \_\_\_\_\_  
Pension Membership # \_\_\_\_\_  
\_\_\_\_\_

**BENEFICIARY INFORMATION**

Your Name \_\_\_\_\_ Your Date of Birth \_\_\_\_\_  
Your Address \_\_\_\_\_ Your Daytime  
\_\_\_\_\_ Phone Number \_\_\_\_\_  
\_\_\_\_\_ Are you the member's spouse? ☐ Yes ☐ No

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Your Social Security Number or  
Taxpayer Identification Number**

\_\_\_\_\_  
**Date**